

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 204

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

35 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

532 GLADSTONE BLVD.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

COUNTY JACKSON

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

KANSAS CITY

d. STREET
ADDRESS

(If outside, give location)

532 GLADSTONE BLVD.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

FRANK

Middle

COLLINS

Last

4. DATE

OF
DEATH

Month

JANUARY 11

Day

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8/11/89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

LATHROP, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

FRANK COLLINS

13b. MOTHER'S MAIDEN NAME

MARY F. EVANS

14. NAME OF HUSBAND OR WIFE

GLADYS M. COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 532 GLADSTONE BLV
GLADYS M. COLLINS KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN

ONSET AND DEATH

minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary arteriosclerosis and insufficiency

5+ years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 20, 1956

to Jan. 11, 1962

and last saw him alive on August 19, 1960

Death occurred at 10:40

A. m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

R. REMOVAL

JAN. 13, 1962

CROWN HILL CEMETERY

EXCELSIOR SPRINGS, MO.

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

1-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K P MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.